

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD) | | FEC IDENTIFICATION NUMBER ▼ C C00563064 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 26 / 2014</div> | |

| | | | |
|---|-------------|--|--|
| Full Name of Payee Aterra 25 | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 24 / 2014</div> | |
| Mailing Address 526 39th St | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2560.00</div> | |
| City Des Moines | State IA | Zip Code 50312 | Transaction ID : SE.4536 |
| Purpose of Expenditure Office Space Rental | | Category/ Type | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17560.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|---|-------------|--|--|
| Full Name of Payee ccAdvertising | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 24 / 2014</div> | |
| Mailing Address 14001C Saint German Dr Ste 353 | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12428.57</div> | |
| City Centerville | State VA | Zip Code 20121 | Transaction ID : SE.4538 |
| Purpose of Expenditure Voter ID Call Centers | | Category/ Type | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> |
| Name of Federal Candidate JONI K ERNST | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29988.57</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14988.57</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
08 / 29 / 2014

Signature